

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
CLINICAL ORAL EVALUATIONS				
D0120	PERIODIC ORAL EVALUATION - Established patient	C		28.00
D0140	LIMITED ORAL EVALUATION, problem focused	C		37.00
D0145	Oral evaluation for a patient under three years of age and counseling W/caregiver	C		BR
D0150	COMPREHENSIVE ORAL EVALUATION - new or established patient	C		41.00
D0160	DETAILED & EXTENSIVE ORAL EVALUATION, problem focused	C	INCLUDE NARRATIVE	41.00
D0170	RE-EVAL LIMITED, problem focused	N		
D0180	COMPREHENSIVE PERIODONTAL EVALUATION- new or established pat.	C		43.00
RADIOGRAPHS/DIAGNOSTIC IMAGING				
D0210	INTRAORAL - COMP (including bitewings)	C		73.00
D0220	INTRAORAL - PERIAPICAL FIRST FILM	C		15.00
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL FILM	C		12.00
D0240	INTRAORAL - OCCLUSAL FILM	C		15.00
D0250	EXTRAORAL - FIRST FILM	C		17.00
D0260	EXTRAORAL - EACH ADDITIONAL FILM	C		13.00
D0270	BITEWING - SINGLE FILM	C		12.00
D0272	BITEWINGS - TWO FILMS	C		24.00
D0273	BITEWINGS - THREE FILMS	C		BR
D0274	BITEWINGS - FOUR FILMS	C		35.00

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D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	C		35.00
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL/FACIAL BONE SURVEY FILM	C		37.00
D0310	SIALOGRAPHY	C - PA		55.00
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	C - PA		115.00
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	C		55.00
D0322	TOMOGRAPHIC SURVEY	N		
D0330	PANORAMIC FILM	C		62.00
D0340	CEPHALOMETRIC FILM	C		53.00
D0350	ORAL/FACIAL IMAGES (includes intra and extraoral images)	C		21.00
D0360	CONE BEAM CT- craniofacial data capture	N		
D0362	CONE BEAM - two-dimensional image reconstruction using existing data	N	include multiple images	
D0363	CONE BEAM -three-dimensional images reconstruction using existing data	N	includes multiple images	
TEST AND LABORATORY EXAMINATIONS				
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SINITIVITY	N		
D0416	VIRAL CULTURE	N		
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES	N		
D0425	CARIES SUSCEPTIBILITY TESTS	N		
D0431	ADJUNCTIVE PRE-DIAG NOSTIC TEST THAT AIDS IN DETECTION	N		

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D0460	PULP VITALITY TESTS	N		
D0470	DIAGNOSTIC CAST	C - PA	Include Narrative	52.00
D0472	ACCESSION OF TISSUE, GROSS EXAM, PREP/TRANSMISSION OF WRITTEN REPORT	N		
D0473	ACCESSION OF TISSUE, GROSS/MICRO EXAM, PREP/TRANS OF WRITTEN REPORT	N		
D0474	ACCESS OF TISSUE, GRO/MICRO EXAM, INCL SURG MARGINS, PREP/TRANSM OF RP	N		
D0475	DECALCIFICATION PROCEDURE	N		
D0476	SPECIAL STAINS FOR MICROORGANISIMS	N		
D0477	SPECIAL STAINS NOT FOR MICROORGANISIMS	N		
D0478	IMMUNOHISTOCHEMICAL STAINS	N		
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	N		
D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICRO EXAM. PREP/TRANS OF WRITTEN REPORT	N		
D0481	ELECTRON MICROSCOPY - DIAGNOSTIC	N		
D0482	DIRECT IMMUNOFLUORESCENCE	N		
D0483	INDIRECT IMMUNOFLUORESCENCE	N		
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	N		
D0485	CONSULTATION, INCLUDING PREP OF SLIDES FROM BIOPSY	N		
D0486	ACCESSION OF BRUSH BIOPSY SAMPLE, MICRO EXAM, PREP AND TRAN OF WRITTEN REPORT	N		
D0502	OTHER ORAL PATHOLOGY PROCEDURE	C - PA	Include Narrative	25.00

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D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE	C - PA	Include Narrative	BR
PREVENTIVE				
D1110	PROPHYLAXIS ADULT	C		50.00
D1120	PROPHYLAXIS CHILD	C		43.00
TOPICAL FLUORIDE TREATMENT				
D1203	TOPICAL APPLICATION OF FLUORIDE (prophylaxis not included)-CHILD	C		16.00
D1204	TOPICAL APPLICATION OF FLUORIDE (prophylaxis not included)-ADULT	C		16.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK	C		BR
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	N		
D1320	TOBACCO COUNSELING FOR CONTROL OF DENTAL DISEASE	N		
D1330	ORAL HYGIENE INSTRUCTIONS	N		
D1351	SEALANT-PER TOOTH	C	1st & 2nd permanent molars & 2nd primary molars only	27.00
D1510	SPACE MAINTAINER-fixed-unilateral	C	Premature loss of posterior teeth only	149.00
D1515	SPACE MAINTAINER-fixed-bilateral	C	Premature loss of posterior teeth only	213.00
D1520	SPACE MAINTAINER-removable-unilateral	C	Premature loss of posterior teeth only	149.00
D1525	SPACE MAINTAINER-removable-bilateral	C	Premature loss of posterior teeth only	213.00
D1550	RECEMENTATION OF SPACE MAINTAINER	C		34.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER	C		34.00
RESTORATIVE				

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D2140	AMALG -1 SURFACE - primary or permanent	C		73.00
D2150	AMALG-2 SURFACES - primary or permanent	C		88.00
D2160	AMALG-3 SURFACES - primary or permanent	C		106.00
D2161	AMALG 4 + SURFACES - primary or permanent	C		127.00
D2330	RESIN-BASED COMPOSITE - 1 SURFACE anterior	C		87.00
D2331	RESIN-BASED COMPOSITE - 2 SURFACES anterior	C		110.00
D2332	RESIN-BASED COMPOSITE - 3 SURFACES anterior	C		138.00
D2335	RESIN-BASED COMP 4/+ SURFACES INVOLVING INCISAL ANGLE anterior	C		166.00
D2390	RESIN-BASED COMPOSITE CROWN anterior	C		200.00
D2391	RESIN-BASED COMPOSITE - 1 SURFACE posterior	C		73.00
D2392	RESIN-BASED COMPOSITE - 2 SURFACES posterior	C		88.00
D2393	RESIN-BASED COMPOSITE - 3 SURFACES posterior	C		106.00
D2394	RESIN-BASED COMPOSITE 4 + SURFACES posterior	C		127.00
GOLD RESTORATIONS (02410-02430) not covered				
INLAY/ONLAY RESTORATIONS (02510-02664) not covered				
CROWNS - SINGLE RESTORATIONS ONLY				
D2710	CROWN - RESIN - BASE COMPOSITE (indirect)	N		

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D2712	CROWN - 3/4 RESIN BASED COMPOSITE (indirect)	N		
D2720	CROWN - RESIN HIGH NOBLE METAL	N		
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	N		
D2722	CROWN - RESIN NOBLE METAL	N		
D2740	CROWN - PORC/CERAMIC SUBSTRATE	N		
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	C		569.00
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	C - PA	Include X-ray	569.00
D2752	CROWN - PORC FUSED TO NOBLE METAL	C - PA	Include X-ray	569.00
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	N		
D2781	CROWN - 3/4 CAST PREDOMINATELY BASED METAL	N		
D2782	CROWN - 3/4 CAST NOBLE METAL	N		
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	N		
D2790	CROWN - FULL CAST HIGH NOBLE METAL	C		569.00
D2791	CROWN FULL CAST PREDOM BASE MET	C - PA	Include X-ray	569.00
D2792	CROWN FULL CAST NOBLE METAL	C - PA	Include X-ray	569.00
D2794	CROWN-TITANIUM	C-PA		569.00
D2799	PROVISIONAL CROWN	N		
OTHER RESTORATIVE SERVICES				
D2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE RESTORATION	C		46.00

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D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	C		46.00
D2920	RECEMENT CROWN	C		46.00
D2930	PREFABRICATED STAINLESS STEEL CROWN (primary tooth)	C		135.00
D2931	PREFABRICATED STAINLESS STEEL CROWN (permanent tooth)	C		157.00
D2932	PREFABRICATED RESIN CROWN	C		133.00
D2933	PREFABRICATED STAINLESS STEEL CROWN W/RESIN WINDOW	C		158.00
D2934	PREFABRICATED ESTHETHIC COATED STAINLESS STEEL CROWN	C	(primary tooth)	158.00
D2940	SEDATIVE FILLING	C		51.00
D2950	CROWN BUILDUP (including any pins)	C		140.00
D2951	PIN RETENTION - PER TOOTH (in addition to restoration)	C		40.00
D2952	CAST POST AND CORE (in addition to crown)indirectly facricated	C		212.00
D2953	EACH ADDITIONAL CAST POST (same tooth)	N		
D2954	PREFABRICATED POST AND CORE (in addition to crown)	C		134.00
D2955	POST REMOVAL (not in conjunction with endodontic therapy)	N		
D2957	EACH ADDITIONAL PREFABRICATED POST (same tooth)	N		
D2960	LABIAL VENEER (resin laminate) - chairside	N		
D2961	LABIAL VENEER (resin laminated) laboratory	N		
D2962	LABIAL VENEER (porcelain laminate) laboratory	N		
D2970	TEMPORARY CROWN (fractured tooth)	N		

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D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN	N		
D2975	COPING	N		
D2980	CROWN REPAIR, by report	N		
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, by report	C - PA	Narrative	BR
ENDODONTICS				
D3110	PULP CAP - DIRECT (excluding final restoration)	C		34.00
D3120	PULP CAP - INDIRECT (excluding final restoration)	C		34.00
D3220	THERAPEUTIC PULPOTOMY (excluding final restoration)	C		81.00
D3221	PULPAL DEBRIDEMENT (primary and permanent teeth)	C		81.00
D3230	PULPAL THERAPY (resorbable filling) anterior, primary tooth (excl final resto)	C		110.00
D3240	PULPAL THERAPY (resorbable filling) posterior, primary tooth (excl final resto)	C		114.00
ROOT CANAL THERAPY (including follow-up care)				
D3310	ANTERIOR (excluding final restoration) 6,7,8,9,10,11,22,23,24,25,26,27	C		370.00
D3320	BICUSPID (excluding final restoration) 4,5,12,13,20,21,28,29	C		447.00
D3330	MOLAR (excluding final restoration) 2,3,14,15,18,19,30,31	C		561.00
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION (non surgical access)	C		104.00
D3332	INCOMPLETE ENDODONTIC THERAPY (inoperable,unrestorable or fractured tooth)	C		213.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	C		118.00

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D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY (anterior)	C		475.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY (bicuspid)	C		500.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY (molar)	C		595.00
D3351	APEXIFICATION/RECALCIFICATION (initial visit)	C		89.00
D3352	APEXIFICATION/RECALCIFICATION (interim medication replacement)	C		75.00
D3353	APEXIFICATION/RECALCIFICATION (final visit)	C		240.00
D3410	APICOECTOMY/PERIRADICULAR SURGERY (anterior)	C		340.00
D3421	APICOECTOMY/PERIRADICULAR SURGERY (bicuspid - 1st root)	C		340.00
D3425	APICOECTOMY/PERIRADICULAR SURGERY (molar - 1st root)	C		394.00
D3426	APICOECTOMY/PERIRADICULAR SURGERY (each additional root)	C		170.00
D3430	RETROGRADE FILLING (per root)	C		119.00
D3450	ROOT AMPUTATION (per root)	C		196.00
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	N		
D3470	INTENTIONAL REIMPLANTATION (including necessary splinting)	N		
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH (w/rubber dam)	N		
D3920	HEMISECTION (including any root removal) not including root canal therapy	C		196.00
D3950	CANAL PREPARATION & FITTING OF PREFORMED DOWEL OR POST	N		
D3999	UNSPECIFIED ENDODONTIC PROCEDURE	C		BR

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PERIODONTICS (when medically necessary)				
D4210	GINGIVECTOMY OR GINGIVOPLASTY 4+ contiguous or bounded teeth (per quadrant)	C		272.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY 1 - 3 contiguous or bounded teeth (per quadrant)	C		106.00
D4230	ANATOMICAL CROWN EXPOSURE four or more contiguous teeth per Quadrant	N		
D4231	ANATOMICAL CROWN EXPOSURE one to three teeth per Quadrant	N		
D4240	GINGIVAL FLAP, INCLUDING ROOT PLANING 4+contiguous or bounded teeth (per quadrant)	C - PA	Include Narrative, Perio chart, X-Rays	310.00
D4241	GINGIVAL FLAP, INCLUDING ROOT PLANING 1 - 3 contiguous or bounded teeth (per quadrant)	C - PA	Include Narrative, Perio chart, X-Rays	186.00
D4245	APICALLY POSITIONED FLAP	N		
D4249	CLINICAL CROWN LENGTHENING (hard tissue)	C		400.00
D4260	OSSEOUS SURGERY PER QUAD	C - PA	Include Narrative, Perio chart	496.00
D4261	OSSEOUS SURGERY PER QUAD	C - PA	Include Narrative, Perio chart	324.00
D4263	BONE REPLACEMENT GRAFT -first site in quadrant	C - PA	Include Narrative, Perio chart, X-Rays	275.00
D4264	BONE REPLACEMENT GRAFT -each additional site in quadrant	C - PA	Include Narrative, Perio chart, X-Rays	260.00
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	C - PA	Include Narrative, Perio chart, X-Rays	295.00
D4266	GUIDED TISSUE REGENERATION - resorbable barrier, per site	C - PA	Include Narrative, Perio chart, X-Rays	283.00
D4267	GUIDED TISSUE REGENERATION - nonresorbable barrier, per site	C - PA	Include Narrative, Perio chart, X-Rays	305.00
D4268	SURGICAL REVISION PROCEDURE, per tooth	N		
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	C		304.00

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D4271	FREE SOFT TISSUE GRAFT PROCEDURE	C		362.00
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, per tooth	C		515.00
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	C		319.00
D4275	SOFT TISSUE ALLOGRAFT	C		401.00
D4276	COMBINED CONNECTIVE TISSUE & DOUBLE PEDICLE GRAFT	C		520.00
D4320	PROVISIONAL SPLINTING (intracoronar)	C		176.00
D4321	PROVISIONAL SPLINTING (extracoronar)	C		135.00
D4341	PERIO SCALING & ROOT PLANING 4 + teeth (per quadrant)	C - PA	Include Narrative, Perio Chart, X-Rays	145.00
D4342	PERIO SCALING & ROOT PLANING 1 - 3 teeth (per quadrant)	C - PA	Include Narrative, Perio Chart, X-Rays	86.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVAL. & DIAG.	C		75.00
D4381	LOCAL DELIVERY CHEMOTHERAPEUTIC AGENTS (per tooth, by report)	N		
D4910	PERIODONTAL MAINTENANCE	C		72.00
D4920	UNSCHEDULED DRESSING CHANGE (by someone other than treating dentist)	C		30.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE (by report)	C - PA	Include Narrative	BR
PROSTHODONTICS - removable - (incl/routine post -delivery care) (when medically necessary)				
D5110	COMPLETE DENTURE (maxillary)	C - PA	Include Narrative	738.00
D5120	COMPLETE DENTURE (mandibular)	C - PA	Include Narrative	738.00
D5130	IMMEDIATE DENTURE (maxillary)	C - PA	Include Narrative	828.00
D5140	IMMEDIATE DENTURE (mandibular)	C - PA	Include Narrative	828.00

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D5211	MAXILLARY PARTIAL DENTURE - resin base (inc/conventional clasps, rests & teeth)	C - PA	Include Narrative	690.00
D5212	MANDIBULAR PARTIAL DENTURE - resin base (incl/convent'l clasps, rests & teeth)	C - PA	Include Narrative	690.00
D5213	MAXILLARY PARTIAL DENTURE (cast metal framework with resin bases)	C - PA	Include Narrative	810.00
D5214	MANDIBULAR PARTIAL DENTURE (cast metal framework with resin bases)	C - PA	Include Narrative	810.00
D5225	MAXILLARY PARTIAL DENTURE flexible base	N		
D5226	MANDIBULAR PARTIAL DENTURE flexible base	N		
D5281	REMOVABLE UNILAT PARTIAL DENTURE (one piece cast metal - incl clasps/teeth)	C		360.00
D5410	ADJUSTMENT COMPLETE DENTURE (maxillary)	C		40.00
D5411	ADJUSTMENT COMPLETE DENTURE (mandibular)	C		40.00
D5421	ADJUSTMENT PARTIAL DENTURE (maxillary)	C		40.00
D5422	ADJUSTMENT PARTIAL DENTURE (mandibular)	C		40.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	C		106.00
D5520	REPLACE MISSING OR BROKEN TEETH (complete denture, each tooth)	C		81.00
D5610	REPAIR RESIN DENTURE BASE	C		74.00
D5620	REPAIR CAST FRAMEWORK	C		85.00
D5630	REPAIR OR REPLACE BROKEN CLASP	C		87.00
D5640	REPLACE BROKEN TEETH (per tooth)	C		81.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	C		96.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	C		128.00

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D5670	REPLACE ALL TEETH & ACRYLIC FRAMEWORK (maxillary)	N		
D5671	REPLACE ALL TEETH & ACRYLIC FRAMEWORK (mandibular)	N		
D5710	REBASE COMPLETE MAXILLARY DENTURE	C		308.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	C		308.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	C		308.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	C		308.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (chairside)	C		170.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (chairside)	C		170.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (chairside)	C		156.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (chairside)	C		156.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (laboratory)	C		238.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (laboratory)	C		238.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (laboratory)	C		202.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (laboratory)	C		202.00
D5810	INTERIM COMPLETE DENTURE (maxillary)	N		
D5811	INTERIM COMPLETE DENTURE (mandibular)	N		
D5820	INTERIM PARTIAL DENTURE (maxillary)	C		340.00
D5821	INTERIM PARTIAL DENTURE (mandibular)	C		340.00
D5850	TISSUE CONDITIONING (maxillary)	C		85.00

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D5851	TISSUE CONDITIONING (mandibular)	C		85.00
D5860	OVERDENTURE - COMPLETE	N		
D5861	OVERDENTURE - PARTIAL	N		
D5862	PRECISION ATTACHMENT	N		
D5867	REPLACEMENT OF REPLACEABLE PART (semi-precision or precision attachment)	N		
D5875	MODIFICATION OF REMOVABLE PROSTHESIS (following implant surgery)	N		
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE	C - PA		BR
MAXILLOFACIAL PROSTHETICS (when medically necessary)				
D5911	FACIAL MOULAGE (sectional)	C - PA	Include Narrative	BR
D5912	FACIAL MOULAGE (complete)	C - PA	Include Narrative	BR
D5913	NASAL PROSTHESIS	C - PA	Include Narrative	BR
D5914	AURICULAR PROSTHESIS	C - PA	Include Narrative	BR
D5915	ORBITAL PROSTHESIS	C - PA	Include Narrative	BR
D5916	OCULAR PROSTHESIS	C - PA	Include Narrative	BR
D5919	FACIAL PROSTHESIS	C - PA	Include Narrative	BR
D5922	NASAL SEPTAL PROSTHESIS	C - PA	Include Narrative	BR
D5923	OCULAR PROSTHESIS (interim)	C - PA	Include Narrative	BR
D5924	CRANIAL PROSTHESIS	C - PA	Include Narrative	BR
05925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	C - PA	Include Narrative	BR

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CMDP
DENTAL BENEFITS MATRIX 2006-2007

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DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
D5926	NASAL PROSTHESIS (replacement)	C - PA	Include Narrative	BR
D5927	AURICULAR PROSTHESIS (replacement)	C - PA	Include Narrative	BR
D5928	ORBITAL PROSTHESIS (replacement)	C - PA	Include Narrative	BR
D5929	FACIAL PROSTHESIS (replacement)	C - PA	Include Narrative	BR
D5931	OBTURATOR PROSTHESIS (surgical)	C - PA	Include Narrative	BR
D5932	OBTURATOR PROSTHESIS (definitive)	C - PA	Include Narrative	BR
D5933	OBTURATOR PROSTHESIS (modification)	C - PA	Include Narrative	BR
D5934	MANDIBULAR RESECTION PROSTHESIS (with guide flange)	C - PA	Include Narrative	BR
D5935	MANDIBULAR RESECTION PROSTHESIS (without guide flange)	C - PA	Include Narrative	BR
D5936	OBTURATOR PROSTHESIS (interim)	C - PA	Include Narrative	BR
D5937	TRISMUS APPLIANCE (not for TMD treatment)	C - PA	Include Narrative	BR
D5951	FEEDING AID	C - PA	Include Narrative	BR
D5952	SPEECH AID PROSTHESIS (pediatric)	C - PA	Include Narrative	BR
D5953	SPEECH AID PROSTHESIS (adult)	C - PA	Include Narrative	BR
D5954	PALATAL AUGMENTATION PROSTHESIS	C - PA	Include Narrative	BR
D5955	PALATAL LIFT PROSTHESIS (definitive)	C - PA	Include Narrative	BR
D5958	PALATAL LIFT PROSTHESIS (interim)	C - PA	Include Narrative	BR
D5959	PALATAL LIFT PROSTHESIS (modification)	C - PA	Include Narrative	BR
D5960	SPEECH AID PROSTHESIS (modification)	C - PA	Include Narrative	BR

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DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
D5982	SURGICAL STENT	C - PA	Include Narrative	BR
D5983	RADIATION CARRIER	C - PA	Include Narrative	BR
D5984	RADIATION SHIELD	C - PA	Include Narrative	BR
D5985	RADIATION CONE LOCATOR	C - PA	Include Narrative	BR
D5986	FLUORIDE GEL CARRIER	C - PA	Include Narrative	BR
D5987	COMMISSURE SPLINT	C - PA	Include Narrative	BR
D5988	SURGICAL SPLINT	C - PA	Include Narrative	BR
D5999	UNSPECIFIED MAXIL PROSTHESIS	C - PA	Include Narrative	BR
IMPLANT SERVICES NOT COVERED (06010-06199)				
PROSTHODONTICS - FIXED (ea retainer/pontic constitutes a unit in a fixed partial denture) (when medically necessary)				
D6205	PONTIC - indirect resin based composite	N		
D6210	PONTIC - cast high noble metal	N		
D6211	PONTIC - cast predominantly based metal	N		
D6212	PONTIC - cast noble metal	N		
D6214	PONTIC - titanium	N		
D6240	PONTIC - porcelain fused to high noble metal	N		
D6241	PONTIC - porcelain fused to predominantly based metal	N		
D6242	PONTIC - porcelain fused to noble metal	N		

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DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
D6245	PONTIC - porcelain/ceramic	N		
D6250	PONTIC - resin with high noble metal	N		
D6251	PONTIC - resin with predominantly based metal	N		
D6252	PONTIC - resin with noble metal	N		
D6253	PROVISIONAL PONTIC	N		
D6545	RETAINER - cast metal for resin bonded fixed prosthesis	N		
D6548	RETAINER - porcelain/ceramic for resin bonded fixed prosthesis	N		
D6600	INLAY - porcelain/ceramic, 2 surfaces	N		
D6601	INLAY - porcelain/ceramic, 3 + surfaces	N		
D6602	INLAY - cast high noble metal, 2 surfaces	N		
D6603	INLAY - cast high noble metal, 3 + surfaces	N		
D6604	INLAY - cast predominantly base metal, 2 surfaces	N		
D6605	INLAY - cast predominantly base metal, 3 + surfaces	N		
D6606	INLAY - cast noble metal, 2 surfaces	N		
D6607	INLAY - cast noble metal, 3 + surfaces	N		
D6624	INLAY - titanium	N		
D6608	ONLAY - porcelain/ceramic, 2 surfaces	N		
D6609	ONLAY - porcelain/ceramic, 3 + surfaces	N		
D6610	ONLAY - cast high noble metal, 2 surfaces	N		

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DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
D6611	ONLAY - cast high noble metal, 3 + surfaces	N		
D6612	ONLAY - cast predominantly base metal, 2 surfaces	N		
D6613	ONLAY - cast predominantly base metal, 3 + surfaces	N		
D6614	ONLAY - cast noble metal, 2 surfaces	N		
D6615	ONLAY - cast noble metal, 3 + surfaces	N		
D6634	ONLAY - titanium	N		
D6710	CROWN - indirect resin based composite	N		
D6720	CROWN - resin with high noble metal	N		
D6721	CROWN - resin with predominantly based metal	N		
D6722	CROWN - resin with noble metal	N		
D6740	CROWN - porcelain/ceramic	N		
D6750	CROWN - porcelain fused to high noble metal	N		
D6751	CROWN - porcelain fused to predominantly based metal	N		
D6752	CROWN - porcelain fused to noble metal	N		
D6780	CROWN - 3/4 cast high noble metal	N		
D6781	CROWN - 3/4 cast predominately based metal	N		
D6782	CROWN - 3/4 cast noble metal	N		
D6783	CROWN - 3/4 porcelain/ceramic	N		
D6790	CROWN - full cast high noble metal	N		

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DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
D6791	CROWN - full cast predominantly based metal	N		
D6792	CROWN - full cast noble metal	N		
D6793	PROVISIONAL RETAINER CROWN	N		
D6794	CROWN - titanium	N		
D6920	CONNECTOR BAR	N		
D6930	RECEMENT FIXED PARTIAL DENTURE	C		67.25
D6940	STRESS BREAKER	N		
D6950	PRECISION ATTACHMENT	N		
D6970	CAST POST & CORE (in addition to fixed partial denture retainer)	N		
D6971	CAST POST (as part of fixed partial denture retainer)	N		
D6972	PREFABRICATED POST & CORE (add to fixed partial denture retainer)	N		
D6973	CORE BUILD UP (for retainer, incl any pins)	N		
D6975	COPING - metal	N		
D6976	EACH ADDITIONAL CAST POST same tooth	N		
D6977	EACH ADDITIONAL PREFABRICATED POST same tooth	N		
D6980	FIXED PARTIAL DENTURE REPAIR, by report	N		
D6985	PEDIATRIC PARTIAL DENTURE, fixed	N		
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, by report	C - PA		BR
ORAL & MAXILLOFACIAL SURGERY				

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DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
D7111	EXTRACTION, CORONAL REMNANTS - deciduous tooth	C		60.00
D7140	EXTRACTION - erupted tooth or exposed root (elevation and/or forceps removal)	C		79.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH requiring elev.	C		128.00
D7220	REMOVAL OF IMPACTED TOOTH soft tissue	C		157.00
D7230	REMOVAL OF IMPACTED TOOTH partially bony	C		200.00
D7240	REMOVAL OF IMPACTED TOOTH completely bony	C		234.00
D7241	REMOVAL OF IMPACTED TOOTH - comp bony, w/unusual surg complications	C		290.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (cutting proc)	C		128.00
D7260	OROANTRAL FISTULA CLOSURE	C		300.00
D7261	PRIMARY CLOSURE OF SINUS PERFORATION	C	Include Narrative	300.00
D7270	REIMPLANTATION AND/OR STABILIZATION - acc. evulsed or displaced tooth	C	Include Narrative	290.00
D7272	TOOTH TRANSPLANTATION	N		
D7280	SURG ACCESS OF AN UNERUPTED TOOTH	C	Include x-ray, Narrative	216.00
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH - to aid eruption	C	Include x-ray, Narrative	130.00
D7283	PLACEMENT OF DEVICE - to facilitate eruption of impacted tooth	C	Include x-ray, Narrative	153.00
D7285	BIOPSY OF ORAL TISSUE hard (bone, tooth)	C		153.00
D7286	BIOPSY OF ORAL TISSUE soft	C		153.00
D7287	EXFOLIATIVE CYTOLOGY SAMPLE COLLECTION	N		
D7288	BRUSH BIOPSY - transepithelial sample collection	N		

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DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
D7290	SURGICAL REPOSITIONING OF TEETH	N		
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, by report	N		
D7292	SURGICAL PLACEMENT: temporary anchorage device	C-PA	Include Narrative	BR
D7293	SURGICAL PLACEMENT: temporary anchorage device requiring surgical flap	C-PA	Include Narrative	BR
D7294	SURGICAL PLACEMENT: temporary anchorage device without surgical flap	C-PA	Include Narrative	BR
D7310	ALVEOLOPLASTY IN CONJUNCTION W/EXTRACTIONS - per quadrant	C		152.00
D7311	ALVEOLOPLASTY IN CONJUNCTION W/EXTRACTIONS - 1 to 3 teeth or tooth spaces per quadrant	C		96.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION W/EXTRACTIONS - per quadrant	C		200.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION W/EXTRACTIONS - 1 to 3 teeth or tooth spaces per quadrant	C		133.00
D7340	VESTIBULOPLASTY - ridge extension (2nd epithelialization)	N		
D7350	VESTIBULOPLASTY - ridge extension (incl/soft tissue grafts)	N		
D7410	EXCISION OF BENIGN LESION up to 1.25 cm	C		106.00
D7411	EXCISION OF BENIGN LESION greater than 1.25 cm	C		235.00
D7412	EXCISION OF BENIGN LESION, complicated	C		275.00
D7413	EXCISION OF MALIGNANT LESION up to 1.25 cm	C		210.00
D7414	EXCISION OF MALIGNANT LESION greater than 1.25 cm	C		310.00
D7415	EXCISION OF MALIGNANT LESION, complicated	C		325.00
D7440	EXCISION OF MALIGNANT TUMOR up to 1.25	C		205.00
D7441	EXCISION OF MALIGNANT TUMOR greater than 1.25cm	C		305.00

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D7450	REMOVAL OF BENIGN ODONTOGENIC CYST/TUMOR - up to 1.25cm	C		152.00
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST/TUMOR - greater than 1.25cm	C		195.00
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST/TUMOR - up to 1.25cm	C		111.00
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST/TUMOR - greater than 1.25cm	C		155.00
D7465	DESTRUCTION OF LESION by physical or chemical method	C		75.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (maxilla/mandible)	C - PA	Include Narrative	250.00
D7472	REMOVAL OF TORUS PALATINUS	C - PA	Include Narrative	350.00
D7473	REMOVAL OF TORUS MANDIBULARIS	C - PA	Include Narrative	550.00
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	C - PA	Include Narrative	285.00
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE with bone graft	C - PA	Include Narrative	3450.00
D7510	INCISION AND DRAINAGE OF ABSCESS intraoral soft tissue	C		75.00
D7511	INCISION AND DRAINAGE OF ABSCESS-intraoral soft tissue - complicated	C		250.00
D7520	INCISION AND DRAINAGE OF ABSCESS extraoral soft tissue	C		135.00
D7521	INCISION AND DRAINAGE OF ABSCESS -extraoral soft tissue-complicated	C		275.00
D7530	REMOVAL OF FOREIGN BODY, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	C		93.00
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, musculoskeletal system	C		115.00
D7550	PARTIAL OSTEOTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	C		190.00
D7560	MAXILLARY SINUSOTOMY - REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	C - PA		365.00
TREATMENT OF FRACTURES (when medically necessary)				

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D7610	MAXILLA - open reduction	C - PA	Include Narrative	1750.00
D7620	MAXILLA - closed reduction	C - PA	Include Narrative	1250.00
D7630	MANDIBLE - open reduction	C - PA	Include Narrative	2132.00
D7640	MANDIBLE - closed reduction	C - PA	Include Narrative	1100.00
D7650	MALAR AND/OR ZYGOMATIC ARCH open reduction	C - PA	Include Narrative	1250.00
D7660	MALAR AND/OR ZYGOMATIC ARCH closed reduction	C - PA	Include Narrative	850.00
D7670	ALVEOLUS CLOSED REDUCTION, may include stabilization of teeth	C - PA	Include Narrative	343.00
D7671	ALVEOLUS OPEN REDUCTION, may include stabilization of teeth	C - PA	Include Narrative	1725.00
D7680	FACIAL BONES complicated reduction w/fixation	C - PA	Include Narrative	2850.00
D7710	MAXILLA - open reduction	C - PA	Include Narrative	1950.00
D7720	MAXILLA - closed reduction	C - PA	Include Narrative	1195.00
D7730	MANDIBLE - open reduction	C - PA	Include Narrative	2050.00
D7740	MANDIBLE - closed reduction	C - PA	Include Narrative	1290.00
D7750	MALAR AND/OR ZYGOMATIC ARCH open reduction	C - PA	Include Narrative	1875.00
D7760	MALAR AND/OR ZYGOMATIC ARCH closed reduction	C - PA	Include Narrative	1295.00
D7770	ALVEOLUS - open reduction stabilization of teeth	C - PA	Include Narrative	1250.00
D7771	ALVEOLUS - closed reduction stabilization of teeth	C - PA	Include Narrative	725.00
D7780	FACIAL BONES complicated reduction with fixation	C - PA	Include Narrative	3590.00
REDUCTION OF DISLOCATION & MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS (when medically necessary)				

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D7810	OPEN REDUCTION OF DISLOCATION	C - PA	Include Narrative	1790.00
D7820	CLOSED REDUCTION OF DISLOCATION	C - PA	Include Narrative	155.00
D7830	MANIPULATION WITH ANESTHESIA	C - PA	Include Narrative	235.00
D7840	CONDYLECTOMY	C - PA	Include Narrative	2275.00
D7850	SURGICAL DISCECTOMY with/without implant	C - PA	Include Narrative	2075.00
D7852	DISC REPAIR	C - PA	Include Narrative	BR
D7854	SYNOVECTOMY	C - PA	Include Narrative	2590.00
D7856	MYOTOMY	C - PA	Include Narrative	1358.00
D7858	JOINT RECONSTRUCTION	C - PA	Include Narrative	2717.00
D7860	ARTHROTOMY	C - PA	Include Narrative	535.00
D7865	ARTHROPLASTY	C - PA	Include Narrative	2717.00
D7870	ARTHROCENTESIS	C - PA	Include Narrative	164.00
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	C - PA	Include Narrative	300.00
D7872	ARTHROSCOPY diagnosis, with/without biopsy	C - PA	Include Narrative	465.00
D7873	ARTHROSCOPY surgical: lavage and lysis of adhesions	C - PA	Include Narrative	1215.00
D7874	ARTHROSCOPY - surgical:disc repositioning and stabilization	C - PA	Include Narrative	1215.00
D7875	ARTHROSCOPY surgical: synovectomy	C - PA	Include Narrative	1642.00
D7876	ARTHROSCOPY surgical: discectomy	C - PA	Include Narrative	1642.00
D7877	ARTHROSCOPY surgical: debridement	C - PA	Include Narrative	2717.00

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D7880	OCCLUSAL ORTHOTIC DEVICE by report	C - PA	Include Narrative	333.00
D7899	UNSPECIFIED TMD THERAPY by report	C - PA	Include Narrative	249.00
REPAIR OF TRAUMATIC WOUNDS				
D7910	SUTURE OF RECENT SMALL WOUND up to 5 cm	C		70.00
D7911	COMPLICATED SUTURE up to 5 CM	C		118.00
D7912	COMPLICATED SUTURE greater than 5 CM	C		275.00
D7920	SKIN GRAFTS	C - PA	Include Narrative	BR
D7940	OSTEOPLASTY for orthognathic deformities	C - PA	Include x-ray, Narrative	1250.00
D7941	OSTEOTOMY mandibular rami	C - PA	Include x-ray, Narrative	3450.00
D7943	OSTEOTOMY mandibular rami w/bone graft	C - PA	Include x-ray, Narrative	3450.00
D7944	OSTEOTOMY segmented or subapical per quad	C - PA	Include x-ray, Narrative	2895.00
D7945	OSTEOTOMY - body of mandible	C - PA	Include x-ray, Narrative	3125.00
D7946	LEFORT I - maxilla -total	C - PA	Include x-ray, Narrative	3490.00
D7947	LEFORT I - maxilla-segmented	C - PA	Include x-ray, Narrative	3195.00
D7948	LEFORT II/III - without bone graft	C - PA	Include x-ray, Narrative	3999.00
D7949	LEFORT II/III - with bone graft	C - PA	Include x-ray, Narrative	4150.00
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT/MANDIBLE OR MAXILLA-AUTOGENOUS OR NONAUTOGENOUS FACIAL BONE - by report	C - PA	Include x-ray, Narrative	895.00
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	C-PA	Include x-ray, Narrative	BR
D7953	BONE REPALCEMENT GRAFT FOR RIDGE PRESERVATION - per site	C-PA	Include x-ray, Narrative	BR

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DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
D7955	REPAIR OF MAXILLOFACIAL SOFT/HARD TISSUE DEFECT	C - PA	Include Narrative	905.00
D7960	FRENULECTOMY - separate procedure	C - PA	Include Narrative	146.00
D7963	FRENULOPLASTY	C		146.00
D7970	EXCISION OF HYPERPLASTIC TISSUE per arch	C		152.00
D7971	EXCISION OF PERICORONAL GINGIVA	C		74.00
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	C		125.00
D7980	SIALOLITHOTOMY	C		195.00
D7981	EXCISION OF SALIVARY GLAND by report	C - PA	Include Narrative	755.00
D7982	SIALODOCHOPLASTY	C - PA	Include Narrative	550.00
D7983	CLOSURE OF SALIVARY FISTULA	C - PA	Include Narrative	205.00
D7990	EMERGENCY TRACHEOTOMY	C	Include Narrative	365.00
D7991	CORONOIDECTOMY	C - PA	Include Narrative	1275.00
D7995	SYNTHETIC GRAFT mandible or facial bones, by report	C - PA	Include Narrative	BR
D7996	IMPLANT mandible for augmentation process, by report	C - PA	Include x-ray, Narrative	BR
D7997	APPLIANCE REMOVAL - includes removal of archbar (not by same dentist)	C - PA		BR
D7998	INTRAORAL PLMNT OF FIXATION DEVICE NOT IN CONJUT W/A FRACTURE	C-PA	Include Narrative	BR
D7999	UNSPECIFIED ORAL SURGERY by report	C - PA	Include Narrative	BR
ORTHODONTICS (when medically necessary)				
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	C - PA	Include x-ray, Narrative	280.00

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D8020	LIMITED ORTHODONTIC TREATMENT OF TRANSITIONAL DENTITION	C - PA	Include x-ray, Narrative	280.00
D8030	LIMITED ORTHODONTIC TREATMENT OF ADOLESCENT DENTITION	C - PA	Include x-ray, Narrative	280.00
D8040	LIMITED ORTHODONTIC TREATMENT OF ADULT DENTITION	C - PA	Include x-ray, Narrative	280.00
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	C - PA	Include x-ray, Narrative	1300.00
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	C - PA	Include orthodontic records, x-ray, & narrative	1300.00
D8070	COMPREHENSIVE ORTHO TREATMENT OF THE TRANSITIONAL DENTITION	C - PA	Include orthodontic records, x-ray, & narrative	2600.00
D8080	COMPREHENSIVE ORTHO TREATMENT OF THE ADOLESCENT DENTITION	C - PA	Include orthodontic records, x-ray, & narrative	2924.00
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	C - PA	Include orthodontic records, x-ray, & Narrative	3026.00
D8210	REMOVABLE APPLIANCE THERAPY	C - PA	Include x-ray, Narrative	305.00
D8220	FIXED APPLIANCE THERAPY	C - PA	Include x-ray, Narrative	335.00
D8660	PRE-ORTHODONTIC TREATMENT VISIT	C		45.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT - as part of contract	C		132.00
D8680	ORTHODONTIC RETENTION -removal of appliances, placement of retainer(s)	C - PA		200.00
D8690	ORTHODONTIC TREATMENT alternative billing to a contract fee	C - PA		65.00
D8691	REPAIR OF ORTHODONTIC APPLIANCE	C - PA		BR
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	C - PA		130.00
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED OF FIXED RETAINER	C		46.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE by report	C - PA	Include Narrative	BR
ADJUNCTIVE GENERAL SERVICES				

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DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
D9110	PALLIATIVE EMERGENCY TREATMENT OF DENTAL PAIN - minor procedure	C		57.00
D9120	FIXED PARTIAL DENTURE SECTIONING	C		52.00
ANESTHESIA				
D9210	LOCAL ANESTHESIA not in conjunction w/operative or surgical procedures	C		10.00
D9211	REGIONAL BLOCK ANESTHESIA	N		
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	N		
D9215	LOCAL ANESTHESIA	N		
D9220	DEEP SEDATION/GENERAL ANESTHESIA first 30 minutes	C - PA	Include Narrative	150.00
D9221	DEEP SEDATION/GENERAL ANESTHESIA each additional 15 minutes	C	Include Narrative	68.00
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	C		25.00
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA first 30 minutes	C - PA		133.00
D9242	INTRAVENOUS CONSCIOUS SED./ANALGESIA each add. 15 min	C - PA		38.00
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	C		60.00
PROFESSIONAL CONSULTATION				
D9310	CONSULTATION (diag. service provided by dentist or phys. Other than requesting dentist or phys.)	C	Include Narrative	39.00
PROFESSIONAL VISITS				
D9410	HOUSE/EXTENDED CARE FACILITY CALL	C	Include Narrative	45.00
D9420	HOSPITAL CALL	C		80.00
D9430	OFFICE VISIT FOR OBSERVATION no other services performed	C		28.00

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CMDP
DENTAL BENEFITS MATRIX 2006-2007

C - Covered Service
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DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
D9440	OFFICE VISIT after regularly scheduled hours	C		63.00
D9450	CASE PRESENTATION, detailed and extensive treatment planning	N		
D9610	THERAPEUTIC DRUG INJECTION by report	C		19.00
D9612	THERAPEUTIC PARENTERAL DRUGS, two or more admin., different medications	C		30.00
D9630	OTHER DRUG/MEDICAMENTS by report	N		
D9910	APPLICATION OF DESENSITIZING MEDICATION	N		
D9911	APPLICATION OF DESENSITIZING RESIN for cervical /root service , per tooth	N		
D9920	BEHAVIOR MANAGEMENT - by report	C		35.00
D9930	TREATMENT OF COMPLICATION post surgical, by report	C		28.00
D9940	OCCLUSAL GUARD - by report	C - PA	Include Narrative	180.00
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	N		
D9942	REPAIR AND /OR RELINE OF OCCLUSAL GRUARD	N		
D9950	OCCLUSION ANALYSIS - mounted case	N		
D9951	OCCLUSAL ADJUSTMENT -limited	C		49.00
D9952	OCCLUSAL ADJUSTMENT - complete	N		
D9970	ENAMEL MICROABRASION	N		
D9971	ODONTOPLASTY 1-2 TEETH -includes removal of enamel projections	N		
D9972	EXTERNAL BLEACHING - PER ARCH	N		

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DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	AMOUNT
D9973	EXTERNAL BLEACHING - PER TOOTH	N		
D9974	INTERNAL BLEACHING - PER TOOTH	N		
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE by report	C - PA	Include Narrative	BR